

MARYLAND HIGHER EDUCATION COMMISSION

ATTORNEY FEE PAYMENT – STUDENT CERTIFICATION FORM
Title IX Campus Sexual Assault Proceedings
(REQUIRED)

Student Name: _____

Certification

1. I authorize my attorney, (PRINT NAME OF ATTORNEY) _____
to seek payment from the MHEC Title IX Legal Representation Fund for attorney fees
and costs for representing me in a Title IX Proceeding.
Initial if you agree: _____
2. I received the services described in the billing statement attached to this form. The
billing statement is accurate to the best of my knowledge.
Initial if you agree: _____
3. Did you use an attorney from the MHEC Attorney List?

Initial EITHER a OR b, BUT NOT BOTH.

- a. **Yes, I used an attorney from the MHEC Attorney List.** I confirm that I have
not been charged any fees by my attorney for representing me in the Title IX
Proceeding except the fees for which they are requesting reimbursement.
Initial if you agree: _____
- b. **No, I did not use an attorney on the MHEC Attorney List.** I understand and
agree that I am responsible for paying any fees that are not reimbursed through
the MHEC Title IX Legal Representation Fund.
Initial if you agree: _____

Signature

Date: _____

Please return this form to your attorney.

